1:Gallin E-4,5 (1957-1958) 1966
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village area was sparsely populated. At that time, what are now the large family groups in the village were only small family units living in much smaller houses than they now do. Villagers also recall that in the late 1920's, and especially in the 1950's, the local irrigation system was expanded so that water was brought to new lands. This permitted an increase in agricultural production, particularly in rice, so that the land could support a larger population. Older villagers also speak of the introduction of new health measures by the Japanese.

Apparently, then, Hsin Hsing village and Pu Yen Hsiang follow very closely the natural demographic trends, and in this respect closely typify Taiwan as a whole. (Those differences that do exist, e.g., the sex

TABLE 2

BIRTHS, DEATHS, NATURAL INCREASE FOR HSIN HSING VILLAGE, PU YEN HSIANG, 1956–1957

		Population			Births			Deaths			Natural population increase
		Male	Female	Total	Male	Female	Total	Male	Female	Total	Births minus deaths
Hsin Hsing	1956	502	509	011	17	13	30	2	3	5	25
	1957	512	532	044	16	11	27	3	2	4	23
Pu Yen	1956	13,259	13,490	26,749	604	584	1,248	125	121	246	1,002
	1957	13,611	13,784	27,225	542	548	1,090	127	138	265	825

ratio for the area [discussed below], point up the peculiar problem of land scarcity in the Hsin Hsing area.) For the years 1956 and 1957, the average rates of natural increase for Hsin Hsing village and for all of Pu Yen Hsiang respectively were 37.4 per thousand persons or 3.74 percent, and 33.9 per thousand or 3.39 percent.[10] (The breakdown of this in births and deaths for these two years can be seen in Tables 2 and 3.) These rates are not too different from the figures available for all of Taiwan for the years 1955–1956. The averages for these years show a natural population increase of thirty-eight per thousand or 3.8 percent (United Nations, 1957:114–115, 192–193).[11] (See Table 4.)

The population data for Hsin Hsing village and Pu Yen Hsiang for the five years between 1953 and 1958 show that females outnumber males. In Hsin Hsing the average ratio of females to males was about 100:94.2 during those years. In Pu Yen Hsiang it was about 100:98.5. The figures indicating this can be seen in Tables 5 and 6.

In 1954 there were 105 males to every 100 females for all of Taiwan. This latter large excess of males over females includes those males

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trained seamstresses in Hsin Hsing or neighboring villages, or by tailors in Lukang, at relatively little expense. For example, if one supplies the cloth, a village seamstress charges NT $8 (US $0.22) and a Lukang seamstress NT $15 (US $0.42) to tailor a Western-style dress.[10] Most of the villagers consider homemade clothing rather crude and neither as well made nor as stylish as clothes made outside the home. Items such as men's khaki wash pants, all kinds of sweaters, and windbreakers are usually bought ready-made in Lukang or in Taipei by those villagers who work there.

Wooden clogs are the most common footwear in the village, and it is interesting to note the development in the last few years of a great variety of design and color in the plastic band which goes over the instep. In addition, the flat top surface of the wooden clog may now also display designs. Thus, buying a pair of clogs in Lukang is very much like buying a pair of leather shoes in the United States. There are numerous styles and colors from which to choose, all on display in the shops in the market or the sidewalk stands on the street.

Unless he has worked in Taipei and worn shoes there, a village man's first pair of leather shoes is usually bought at the time of his marriage. Girls sometimes own a pair of very inexpensive leather flat-heeled shoes. In addition, the younger people usually own a pair of sneakers which they wear to school and on trips outside the village area.

In the village area people usually go barefoot while working during the day, and then at night, after washing their feet, they wear wooden clogs. The people are thrifty with their footgear, and one frequently sees men or women carrying their wooden clogs, or a young girl her leather shoes, as they walk along the road on the way home from some affair. The affair has ended, and with it the reason for wearing shoes.

HEALTH, SANITATION, AND MEDICAL FACILITIES

The health situation in Hsin Hsing village has changed considerably for the better in recent years. Before the Japanese began their public health program, diseases of epidemic proportions were common. Cholera and malaria, which are now almost nonexistent, were great killers, and the mortality rate for infants and children was extremely high. Native medicines were of limited value. However, first under the Japanese and now the Chinese, Western medical technology, medicines, and public health techniques have greatly reduced the high mortality rate.

Through the use of Western medicines, especially penicillin, the many diseases still common in the countryside are fairly easy to control

1:Gallin E-4,5 (1957-1958) 1966
AD5 Taiwan Hokkien AD5

and are seldom fatal. Intestinal disorders and skin and eye infections and diseases are common and troublesome in the villages because of poor sanitary facilities and practices. These result, of course, from a general ignorance of the principles of sanitation and the causes of disease. Since the villagers know that these diseases are not usually fatal, they tend to avoid the expense and bother of consulting a doctor or going to a clinic, and the nonfatal illnesses often go untreated. Only the more educated villagers realize the importance of sanitation in preventing illness and are willing to take the trouble to maintain some semblance of sanitary practices.

The village water is commonly drawn from open wells. While the villager knows that drinking water is supposed to be boiled, he is usually satisfied if it comes close to the boiling point, or at best has just begun to boil. In visits to town he will frequently buy a drink from a street stand, and seldom consider whether the water used in the drink has been boiled. Intestinal illnesses are common, although the villagers frequently know enough to avoid serious difficulty.

Clothing is usually washed in the pond across the road which borders the village. The same pond is used by water buffalo for bathing and elimination, and the village storekeeper uses water from it to wash off ice before putting it in drinks or making a flavored shaved-ice refreshment. The village women wash their cooking and eating utensils in this same pond, and no one ever uses hot water and soap for these purposes.

Most villagers' houses are extremely cluttered and, in most cases, quite dirty. Major housecleaning and general cleaning of the village grounds are usually done only twice a year, immediately before the Chinese New Year and before the annual inspection of every house by police and public officials. This inspection was instituted by the Japanese, and has been continued by the local government under the mainlanders. Each house is examined for cleanliness and general neatness and receives a grade of excellent, pass, or fail. If a house fails the inspection, the family is liable to a fine and must remedy the condition.

The village has no running water. Water for household use is drawn from the open wells which are scattered around the village. Although open wells would seem to be a potential hazard for small children, few accidents occur, perhaps because young children are seldom allowed to crawl around on the ground and are usually in the care of an older child or an adult.

The only form of toilet facilities are outhouses, the small outside shelter with a hole in the floor formerly so common in rural America. The cleanliness of these facilities varies with the household. The contents are regularly collected and used to fertilize vegetable crops. This

1:Gallin E-4,5 (1957-1958) 1966
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with which these adoptions occur, it is obvious that the *siaosiv* system of marriage is not "despised," even though economic circumstances are an important motivational factor. Nor does it seem to loosen the ties of affinal relationship; on the contrary, it seems in some ways to strengthen them. Since the *ch'in ch'i* relationship is accepted as a consequence of either a marriage or an adoption, the *siaosiv* system simply has the effect of establishing it earlier than a regular marriage would.

In the Hsin Hsing area I have found no evidence, either, of any real dislike for the system by either set of parents. The girl's parents benefit by saving the expense of rearing an extra girl child whom they are unable or unwilling to support as well as by saving the cost of a wedding or of providing a dowry. The boy's parents gain a household worker, are spared the normal marriage expenses, and, in addition, have the advantage of raising their future daughter-in-law under their own roof. Since the villagers feel that the most common cause of family division is a dissatisfied daughter-in-law, a son's wife who has grown up since childhood as a member of the family is much less likely to want or to try to force a division of the family. In effect, the *siaosiv* system is felt to conduce to the attainment of the ideal joint family, while not in the least impairing (in Hsin Hsing) the usual establishment of *ch'in ch'i* relationships.

Despite all this, there are indications that the *siaosiv* system is becoming less frequent in Hsin Hsing and other areas of Taiwan. Further, even where such adoptions have taken place in recent years, it is noticeable that more and more often the girl is married out when she reaches normal marriageable age, rather than being married to the son of her adoptive parents. The trend seems to be quite recent, and there are a number of possible reasons for it.

Keeping in mind Lang's (1946:127) and Fei's (1939:54–55) explanations for the *siaosiv* system of adoption and marriage, we can observe resemblances in several important recent developments in rural Taiwan. First, there have been notable changes in demographic patterns there, in recent decades especially, which have affected sex ratios (see Chapter 2) for both Hsin Hsing village and area and for Taiwan generally (Barclay, 1954b:212, Table 60). The ratio of women to men has gradually increased until there is by now almost an equal proportion of each, which makes the problem of finding a suitable wife for a son much less serious than it used to be. This great increase in the proportion of females is closely related to the decline of infant mortality rates as a result of better public health facilities and of the generally better economic climate and consequent higher standard of living which has been notable mainly during the past decade. The economic circumstances to which Lang and Fei attribute the persistence of the *siaosiv* system are thus moderated. Both of these factors, the increased

1:Gallin E-4,5 (1957-1958) 1966
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the rural people. Some forms of improved sanitation reached the rural areas through the schools and, perhaps more effectively, through the publishing of government edicts enforcing practices of sanitation. Semiannual government inspections forced villagers to clean up their houses and the villages twice a year. The inspections were carried out by the Japanese police and civil officials, and any family which did not pass the inspection was subject to fine and to reinspection, which meant that "the party was punished by having to clean up all over again." The policy of inspections instituted by the Japanese has been continued under the Nationalist Chinese regime.

During the latter part of the war, and especially after the restoration of Chinese rule to Taiwan, there was a marked increase in the incidence of disease, particularly communicable diseases. There was even a recurrence of cholera. This was a direct result of the poor living conditions brought about by the war and, with the coming of the Chinese government, a chaotic administration which was unable or unwilling to deal with health problems. However, the situation gradually began to improve after 1948 and 1949 when Taiwan became the new stronghold of the Nationalist Chinese regime. This improvement is evidenced by the general situation in the Hsin Hsing area. Beginning in the early 1950's the number of Western-style doctors practicing in the area increased. At this date, there are a number of such doctors, and the villagers consider their fees reasonable and within their means. The reason for this great increase lies in the different licensing practices of the Japanese and the Nationalist governments. Under the Japanese a man had to be a graduate of a medical school before he could practice medicine; under the Chinese government, the applicant is required only to pass a practical examination. This means that people who have worked in hospitals as aides or technicians and have had some opportunity to observe others practicing medicine may have accumulated enough knowledge to pass the examination and obtain a license. Therefore, while there are now a large number of licensed doctors practicing in the Hsin Hsing area, only a few who went to school in Japan have had formal medical training.

In addition to the great increase in the number of doctors practicing in the local area, in recent years there has also been a marked expansion in the number of private and public hospitals in the cities. These hospitals, which are sometimes very large, can accommodate many patients, house relatively modern facilities such as operating rooms, X-ray and other equipment, and provide modern drugs for patients. Although most of the patients treated in these hospitals are city people, village people sometimes go to them for treatment. They are usually referred there by a local doctor who is capable of diagnosing an illness as one requiring hospital care or who is honest enough to

1:Gallin E-4,5 (1957-1958) 1966
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realize the limitations of his own medical knowledge and so recommend that his patient seek medical care in the hospital.

Besides these hospitals, the government has established a clinic or public health center in each district. The center in Pu Yen Hsiang has usually been understaffed or lacking a doctor entirely for long periods of time thus making it impossible for villagers to be sure they can obtain treatment at the center. The result has been that since some villagers wasted time going to the center without receiving treatment, most have come to ignore it completely.

The advent of modern drugs has also helped improve health conditions in the local area. Western-style doctors practicing in the area utilize a great many drugs in treating illness. Penicillin is now so plentiful and inexpensive that most of them are almost automatically expected to administer the drug to their patients. Indeed, the drug has become so well known in recent years and is so readily obtainable in Lukang drug stores that it is not unusual for ordinary villagers to buy it and administer it with a hypodermic needle to their own family members or, more often, to a sick pig. The drug stores in Lukang and other towns and cities which sell penicillin and other Western drugs also usually have a counter in the shop which features Chinese herbal and root medicines. These are still used by many Taiwanese as well as mainlanders.

In addition to the drugs or antibiotics, village families keep various kinds of Western-style patent medicines in the house for treating stomach upsets, headaches, colds, backaches, and so on. These are left with them on consignment by traveling medicine merchants. The medicines are separately wrapped and placed in a kit or bag, and every few months the peddler comes through the village, examines the contents of each bag, collects for what medicine has been used, and replenishes the supply. Many village families have several medicine bags on hand, each supplied by a different company.

A few times a year medicine shows featuring music, comedians, and even snake charmers, also visit the villages in the area. The companies which sponsor these shows sell two or three medicines for special illnesses. Such groups usually draw great village crowds, and their sales are large.

However, in spite of all the improved medical facilities available and the somewhat better sanitation practiced in the local area, there is a high prevalence of disease. Skin diseases are common, especially among children, and intestinal parasites plague both young and old. Trachoma is not uncommon, but the villagers do little to counter it. The disease usually strikes older villagers who are unwilling to spend the time and money necessary to obtain proper treatment. One trachoma victim, a woman of about forty, stated that although she

including a bottle works and a packing plant; and at about the same time a flour mill was built in nearby Shantzuchiao. More recently, a drug factory employing nearly a hundred people was built in Hsulin, and since the war a textile industry has developed in the market town of Panchiao. Although there are still not enough positions for all those seeking employment, these developments have at least created for some village men the possibility for something other than an agricultural income.

At about the same time as these new resources were developing, the need for something other than an income from agriculture was becoming pressing in Hsiachichou. Within thirty years of their occupation of Taiwan, the Japanese colonial government introduced a broad and highly effective medical program with the inevitable result that the infant mortality rate over the succeeding twenty years fell dramatically. Thus while new opportunities for employment were being created the future work force was increasing at a rapid rate. Even then, however, these developments would not have had a substantial effect upon the village had it not been for one further change. To work in the drug factories or the textile mill at least a minimum of education is required, and without such education the villagers might never have been able to compete with more urban dwellers for employment opportunities. Fortunately an elementary school was established in Chichou in the first decade of this century, so that by the time the shift in economy took place the majority of the male villagers were at least literate.

511 There is little doubt that the villages appear quite prosperous and people are not afraid to spend money.

Health and Sanitation

743 As stated previously, there has been a tremendous
• 744 decrease in the death rate. No small part of this decrease is due to improved health care, both personal care and public health facilities. With the help of the J.C.R.R. (Joint Commission on Rural Reconstruction), a health station serving the village has been established in Hsin Tien. This station provides assistance in pregnancy and birth control as well as some treatment of disease and
[842] injury. It will also provide and insert Intrauterine Devices (I.U.D.) at a cost of $30.00, a day's pay for a woman. However, Sanlei village women prefer a private hospital, also in Hsin Tien, which charges $120.00. The latter center provides more privacy and personal attention and also guarantees to refund the fee if there is rejection of the device or provide treatment without charge in the event of bleeding.

744 There are also educational programs to stimulate intensive village health and sanitation practices. However, sanitation techniques in the village are not always in accord with knowledge. For example, all village adults know that the water should be boiled for ten minutes before drinking it. However, although almost no one drinks

744 plain water, few boil it the full ten minutes. There is no question about what is proper but people just do not want to take the time or trouble and a few say that it would cost too much for the fuel to boil all drinking water a full ten minutes. Similarly, mosquito nets are not kept in good repair although infected bites are common.

356 Houses are quite messy and dirty. People will clean them as required to pass government inspection, but grudgingly. There are two values operating against cleanliness. A cluttered house is a sign of wealth or economic
356 wellbeing. Also, a baby god is thought to hide somewhere
843 in the room of a pregnant woman during the period from
776 conception to birth. Disturbing his resting place may have serious detrimental effects on the baby. Since a woman is not likely to know the moment she becomes pregnant, the bedrooms are often neglected in cleaning. The
[177] fastidious Japanese also worked hard in Talei Li at promoting clean houses with little success.

262 Food handling techniques are comparatively good.
251 No raw foods other than fruits with a thick skin such as
744 citrus or bananas are consumed. Almost every family now covers left-over foods with a round wooden basket with a screened top to keep out insects in accordance with suggestions of the farmers' association and government health agents. This is a new practice instituted during the last

251 eight years. Although farmers have been relatively will-
262 ing to accept the recommendations of agricultural experts,
744 the government agents and farmers' association officials concerned with sanitation have had more success with women than men. Male and female agents in the farmers' association in Hsin Tien both agree that unless the woman is persuaded, few changes will be made in the kitchen. The officials and villagers alike claimed that no matter what a man said, a woman ran the kitchen as she pleased. Most food is eaten the day it is acquired and pork especially, is never kept overnight. This custom requires daily marketing.

164 Colds and flu are very common in winter. Almost everyone has periodic intestinal disorders and skin infections are endemic. Foot and hand infections are occasionally very severe. Working in the paddy fields with their [241] load of human excreta in solution is particularly dangerous with open cuts. Injuries such as broken bones are most common among children and men who work in the local coal mines.

759 Treatment of disease and injury may involve many
756 distinct techniques. There are a great variety of professional medical practitioners such as Western-style doctors, traditional Chinese doctors, various folk specialties such as acupuncture, different shamans, and temple priests who [562] furnish charms to drink. Most professionals are males but midwives are invariably females.